



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/528,250
	Filing Date	June 21, 2005
	First Named Inventor	Malcolm CARTER
	Art Unit	1624
	Examiner Name	B. Kifle
Total Number of Pages in This Submission	Attorney Docket Number	NV2-023US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below): 1. Notification of Change of Atty. Docket Number 2. Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Brian C. Trinque, Ph.D.		
Date	August 16, 2007	Reg. No.	56,593

Express Mail Label No. EV 956 466 892 US

Dated: August 16, 2007



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2007		Complete if Known	
		Application Number	10/528,250
		Filing Date	June 21, 2005
		First Named Inventor	Malcolm CARTER
		Examiner Name	B. Kifle
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1624
TOTAL AMOUNT OF PAYMENT		(\$)	450.00
		Attorney Docket No.	NV2-023US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

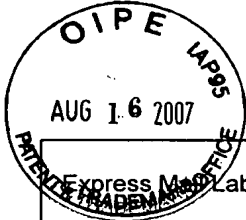
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month	450.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,593
Name (Print/Type)	Brian C. Trinqué, Ph.D.	Telephone	(617) 227-7400
		Date	August 16, 2007



Express Mail Label No. EV 956 466 892 US

Dated: August 16, 2007

Docket No. NV2-023US
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Malcolm Carter *et al.*

Application No.: 10/528,250

Filed: June 21, 2005

Art Unit: 1624

For: BENZODIAZEPINE DERIVATIVES AND
PHARMACEUTICAL COMPOSITIONS
CONTAINING THEM

Examiner: Bruck Kifle, Ph.D.

Mail Stop Amendment
Commissioner for Patents
Post Office Box 1450
Alexandria, VA 22313-1450

NOTIFICATION OF CHANGE OF ATTORNEY DOCKET NUMBER

Dear Sir:

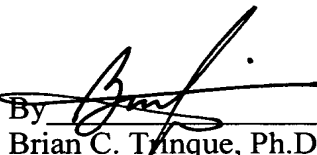
The Attorney Docket Number of the above-identified patent application has changed.
Please take notice that the *correct* Docket Number for this application should now be as follows:

“NV2-023US” instead of **“3890-1000-000”**

Please reference **NV2-023US** on all future correspondence and continue to direct all correspondence to the principal attorney of record, Elizabeth A. Hanley.

Dated: August 16, 2007

Respectfully submitted,

By 

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